

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A33099**

1. Entity Name  
**CLASSIC RESIDENCE MANAGEMENT LIMITED  
PARTNERSHIP**



Principal Place of Business  
**71 S. WACKER DRIVE, STE 900  
CHICAGO, IL 60606**

Mailing Address  
**71 S. WACKER DRIVE, STE 900  
CHICAGO, IL 60606**

**FILED**

**2007 APR 17 AM 10:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DO NOT WRITE IN THIS SPACE**

02162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**36-3558465**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
THE PRESTIGE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **M04000002818**  
NAME **CRMI, LLC**  
STREET ADDRESS **71 S. WACKER DRIVE, STE 900**  
CITY-ST-ZIP **CHICAGO, IL 60606**

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**100098307451**  
**04/24/07--01052--001 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** **Stephanie Fields**

**3/27/07**

**312-803-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #